



District of Columbia Retirement Board (DCRB)

Benefits Department

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District of Columbia Retirement Board Durable Power of Attorney

By completing and signing this form, I revoke any or all durable power of attorney forms on file with DCRB. I intend to create a durable power of attorney by appointing the person designated below to conduct business on my behalf relating to retirement/survivor benefits I am receiving under the District of Columbia Teachers' Retirement Plan or District of Columbia Police Officers and Firefighters' Retirement Plan.

Section I: Member/Survivor Information

Name: _____ Social Security Number: _____
First Middle Last

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
(if different) Street City State Zip Code

Phone Number: _____ - _____ - _____

Check One: ☐ Retired Teacher ☐ Retired Police Officer ☐ Retired Firefighter
☐ Teacher Survivor ☐ Police Officer Survivor ☐ Firefighter Survivor

Section II: Designation and Power of Attorney-in-Fact

I, _____, do hereby appoint the following as my Attorney-in-Fact to act in my place for the purpose of conducting business with DCRB on my behalf with respect to my retirement/survivor benefits only under the District of Columbia Teachers' Retirement Plan/District of Columbia Police Officers and Firefighters' Retirement Plan. Such business shall include administrative transactions such as changes of address, direct deposit changes (any bank account changes must have my name on the account), tax withholding, or healthcare coverage. My Attorney-in-Fact shall have no power to change my beneficiary designations or survivor annuity elections. I hereby ratify and confirm all that my Attorney-in-Fact lawfully does or causes to be done by virtue of this Durable Power of Attorney. DCRB may release any information to my Attorney-in-Fact concerning my retirement/survivor benefits.

This power of attorney will continue to be effective if I become disabled, incapacitated, or incompetent, and is valid until I notify DCRB in writing to revoke it. I hereby revoke all previous power of attorney designations, if any, as related to only my retirement/survivor benefits administered by DCRB.

Name of Attorney-in-Fact: _____ Relationship to Member/Survivor: _____

Mailing Address: _____
Street City State Zip Code

Phone Number: _____ - _____ - _____ Birth Date: _____ Social Security Number: _____
(last 4 digits)

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Section II (continued): Acknowledgment of Attorney-in-Fact

By accepting or acting under this appointment, I assume the fiduciary and other legal responsibilities of an Attorney-in-Fact. I understand that I am obligated to immediately notify DCRB when I am no longer acting as an Attorney-in-Fact for the member/survivor and that I will be responsible for any payments that may be received after the member/survivor dies. Such payments must be immediately returned to DCRB. I will be accountable for any benefits I am managing for the member/survivor and will provide any written documentation as may be requested by DCRB to show that benefits are being used for the member/survivor.

Signature: _____ Date: _____
(Attorney-in-Fact)

Printed Name: _____

Section III: Authorization

This is an important legal document that creates a durable power of attorney. Before signing this document, you should know:

- You have the right to revoke/terminate this power of attorney by sending DCRB a letter with your notarized signature revoking these powers.*
- Unless you revoke this durable power of attorney, these powers will exist for an indefinite period of time and will continue despite your subsequent disability, incapacity, or incompetency.*
- If there is anything in this document you do not understand, you should consult a lawyer.*

Member/Survivor Signature: _____ Date: _____
(sign in the presence of a Notary Public)

Member/Survivor Printed Name: _____

Certificate of Acknowledgement

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 _____.

Signature of Notary _____ Commission Expires _____ (SEAL)

Return this form to the District of Columbia Retirement Board

Information About the DCRB Durable Power of Attorney

Information and Instructions

Purpose of the Form

Use this form to designate another person as your power of attorney to conduct business with DCRB on your behalf with respect to your retirement/survivor benefits under the District of Columbia Police Officers and Firefighters' Retirement Plan or the District of Columbia Teachers' Retirement Plan.

Instructions

- Read this informational document before completing the form. You should consult with a lawyer if you do not understand any of the information on the form.
- Complete the *Member/Survivor Information* in Section I.
- Complete the *Designation and Power of Attorney-in-Fact* in Section II.
- Your appointed Attorney-in-Fact must acknowledge his/her appointment and legal duties by signing under the *Acknowledgement of Attorney-in-Fact*.
- Sign the form in Section III. **You must sign the form in the presence of a Notary Public.**
- Send the original signed and notarized form to DCRB, keep a copy for your records, and give a copy to your Attorney-in-Fact.

Frequently Asked Questions

Why should I have a durable power of attorney on file with DCRB?

Having a durable power of attorney on file with DCRB assures that DCRB will be able to handle your benefits without interruption and in accordance with your wishes if you become unable to handle your own affairs.

Must I use the DCRB Durable Power of Attorney?

No. However, the DCRB Durable Power of Attorney is preferred because it is limited only to matters related to your benefits administered by DCRB and DCRB will always honor a current form. The Attorney-in-Fact in the DCRB Durable Power of Attorney will have no authority over your other property.

DCRB will accept other power of attorney documents if the document is notarized. However, DCRB will have to determine whether the document gives the Attorney-in-Fact proper authority to act on your behalf and may have to verify the authenticity and validity of the document.

Is there a fee?

No.

If I sign the DCRB Durable Power of Attorney form, can I still handle my own affairs?

Yes, you may always handle your own affairs until such time as you may become incapacitated. However, DCRB will also accept actions by your Attorney-in-Fact. If you do not want your Attorney-in-Fact to act on your behalf until you are incapacitated, you may want to keep the completed form until it is needed.

Does the DCRB Durable Power of Attorney allow my Attorney-in-Fact to conduct business after my death?

No. A DCRB Durable Power of Attorney terminates upon your death.

Can I change my appointed Attorney-in-Fact?

Yes. To change your appointed Attorney-in-Fact, complete a new DCRB Durable Power of Attorney form designating your new Attorney-in-Fact and submit it to DCRB. You should keep a copy for your records and give copies to those who may need a copy to carry out your wishes. You should also inform anyone who had a copy of the old DCRB Durable Power of Attorney that it is no longer valid and to destroy it.

Can I revoke/terminate my DCRB Durable Power of Attorney?

Yes. As long as you are still competent, you can revoke/terminate a DCRB Durable Power of Attorney by submitting a written request to DCRB that is signed by you and notarized.

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Proceed to the next page.**

Checklist for Completing the DCRB Durable Power of Attorney

*(This is for your purposes only to ensure you have completed all steps required
prior to submitting the original signed and notarized form to DCRB.)*

- ☐ I am of sound mind and acting of my own free will.
- ☐ The person I have designated as my Attorney-in-Fact is at least eighteen (18) years of age.
- ☐ I realize that if I become disabled, incompetent, or incapacitated, or I request otherwise, my Attorney-in-Fact has the power and authority to transact matters relating to my retirement/survivor benefits administered by DCRB.
- ☐ I have spoken with the person I have designated as my Attorney-in-Fact and he/she has agreed to act as my Attorney-in-Fact.
- ☐ I have signed and dated the Durable Power of Attorney document in the presence of a notary public.
- ☐ I have a copy of the fully-executed form for my records and have given copies to those people, including my Attorney-in-Fact and family members, who may need it.